

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035340

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0550

20550

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9420.1

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1286-0

135-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lawrence		c. CITY OR TOWN Verona	
Length of stay in lb 14 Mos.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bliss Haven Rest Home		d. STREET ADDRESS (If outside, give location) R.F.D. 1	
3. NAME OF DECEASED (Type or print) Nathaniel Livingston Whipple		4. DATE OF DEATH Month Sept. Day 16 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-23-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Sales	
11. BIRTHPLACE (City and state or country) Butler, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Agnes Whipple		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 0		17. INFORMANT Rest Home Records - M. Vernon M.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Generalized arteriosclerosis DUE TO (b) 5 yrs DUE TO (c) 5 yrs		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebrovascular hemorrhage - 15 mos.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 1:05 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6/28/61	
20f. CITY, TOWN, OR LOCATION Verona		COUNTY Lawrence STATE Mo.	
21. I attended the deceased from 11/20/61 to 9/16/62 and last saw him alive on 11/20/61 Death occurred at 1:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Emmett Glover MD	
22b. DATE 9-19-62		22c. NAME OF CEMETERY OR CREMATORY Spring River Cem	
22d. LOCATION (City, town, or county) Lawrence Co. Mo.		22e. DATE RECD. BY LOCAL REG. 9-20-62	
22f. REGISTRAR'S SIGNATURE Ray Dhantham/RW		22g. DATE SIGNED 9/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-19-62	
23c. NAME OF CEMETERY OR CREMATORY Spring River Cem		23d. LOCATION (City, town, or county) Lawrence Co. Mo.	
23e. FUNERAL DIRECTOR Mercer Funeral Home, Monett, Mo.		23f. ADDRESS Monett, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Roy H. Mercer

Licensed Embalmer No. 4433

P. O. Address Monte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.